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EPIDEMIOLOGY OF LEISHMANIASIS

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The term "leishmaniasis" applies to all diseases caused by parasitic protozoans of the genus Leishmania. The chief ones are: visceral leishmaniasis or kala-azar of the Indian or Mediterranean type, and cutaneous leishmaniasis -- Leishmaniasis cutis and mucosocutanea or Bouton d'orient in the Old World, and Espundia and Uta in the New World.

In the old Yugoslavia, over 100 cases of visceral and one case of cutaneous leishmaniasis had been reported up to 1941. Visceral leishmaniasis was rife along the Montenegran and Dalmatian coasts and the case of cutaneous leishmaniasis was found in Skoplje.

In the spring of 1941, one case of visceral leishmaniasis was found in the neighborhood of Struga. Soon after the liberation the number of cases in other regions of Macedonia and southern parts of Serbia increased. A great number of cases of cutaneous leishmaniasis also appeared in Dalmatia, and there was one case in the neighborhood of Nis.

The disease is most common among sucklings, breast-fed infants and small children under school age, but cases among school children and adults are by no means rare.

Leishmaniasis is widespread in plains and in surrounding mountains up to 600 meters. Comparison of the disease incidence on plains and in the

surrounding mountains indicated that the greatest number of cases are found in villages which are located on hillocks around the plain.

Leishmaniasis spreads not only in maritime regions, but also on plateaus with a moderate continental climate and sufficient moisture.

Most cases occur in villages composed of isolated houses but they have also been reported in the outskirts of towns (Nis, Split). Houses in which this disease appears commonly are neglected, dirty, in a bad state of repair and surrounded by trees.

In view of the fact that visceral leishmaniasis frequently attacks children under 2 years old, and cutaneous leishmaniasis usually affects the face and hands (the parts of the body which are exposed during sleep), infection with Leishmania apparently occurs at night during sleep. The site of infection of cutaneous leishmaniasis therefore depends on the position in which the body of the patient is lying and on the manner in which the vector approaches the patient /sic/.

The majority of cases occur at the end of winter and the beginning of spring. Taking into consideration the fact that sucklings can be infected shortly after birth, one may conclude that infection usually begins in August and lasts to the end of September. On the strength of this conclusion the incubation period can be considered to last about 2-3 months /sic/.

In addition to humans, dogs and certain rodents also suffer from leishmaniasis. It was established in Dalmatia before the war that dogs were infected with leishmania. On the other hand, examination of over 100 dogs from the neighborhood of Nis failed to show that they are the virus reservoirs in that region. Whether cats and other domestic animals, and rodents in and around human habitations can be infected is a point which has not yet been sufficiently studied.

It is now considered that there are three species of leishmania: L. donovani, which causes kala-azar; L. tropica, which causes the cutaneous leishmaniasis of the Old World; and L. brasiliensis, which causes the cutaneous and mucocutaneous leishmaniasis of the New World. However, it has been established experimentally that L. donovani can cause cutaneous lesions and that L. tropica can cause visceral lesions. It was also shown that there are common serological features. The detailed cycle of the development of leishmania in the organism must be admitted still insufficiently studied.

Tests have shown that leishmaniasis can be transmitted by contact through various objects, and that both in the laboratory and in nature it can be carried by various types of monad-Phlebotomus. However, these tests are not sufficiently conclusive, and certain authors maintain that it is carried by sheep lice, lice, etc. Epidemiological data also indicates that monads do not transmit this disease.

As the epidemiology of leishmaniasis has not yet been sufficiently studied, and since the epidemics arising in our country after World War II make detailed investigations possible, it is of great importance to make as precise epidemiological enquiries as possible in order to demonstrate the manner in which the disease spreads and an effective method of its control. Only accurate epidemiological research can determine the carrier of leishmania; isolated laboratory investigations are inadequate.

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